



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

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|---|---|-----------------|---|---|---------------------|
| REASON | | GRADE O | Inspection Date: | ESTABLISHMENT NAME: | |
| Regular | ✓ | | 07/31/2018 | M. G. HUFFER ADVENTURES IN LEARNING CHILD DEV | |
| Follow-Up | | | Time In/Out: | OWNER/OPERATOR: | |
| Complaint | | | 9:30Am 10:18Am | M. G. HUFFER, INC. | |
| Investigation | | RATING A | Sanitary Permit No.: | LOCATION: | Establishment Type: |
| Other: | | | 20000-180000984 | YONA | CCC/N |
| | | | PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired | | |
| No. of Children: 23 Male 19 Female 42 Total | | | Child Care License: No.: 180177 / ✓ Valid / / Provisional / / Expired | | |

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

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| Received By (Name & Title): DEWEY HUFFER Director | D |
| DEH Inspector (Name & Title): V. RAYMUNDO, EPITO I | 300-9570 |